



You can check and update the mailing address, phone and fax numbers, and e-mail address\* in your ECFMG® record on-line using ECFMG's On-line Applicant Status and Information System (OASIS). You can access OASIS on ECFMG's website at [www.ecfm.org](http://www.ecfm.org). You can also submit the *Request to Change Applicant Biographic Information* (Form 182) to change this information.

**To change the name** in your ECFMG record, you must submit Form 182 and the required documentation, as described below. Although you can check the name in your ECFMG record using OASIS, you cannot use OASIS to change your name. **To correct your date of birth**, you must submit Form 182 and the required documentation. **To correct your gender**, you must contact ECFMG Applicant Information Services at (215) 386-5900 or [info@ecfm.org](mailto:info@ecfm.org) for more information.

### INSTRUCTIONS

- You may use this form to request changes to the following components of your applicant record: name, address, date of birth, telephone and fax numbers, and e-mail address\*. Complete all sections on pages 3 and 4 of this form and submit the entire form to ECFMG at the fax number or address listed on page 3.
- If you are requesting a change of name, you must:
  - 1) **Read** the ECFMG Policy on Name Changes on page 2 of this form,
  - 2) **Complete** Form 182 and sign it in the appropriate section,
  - 3) **Attach** a photocopy of one of the acceptable documents for name change (see policy on page 2),
  - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your name has been changed in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
    - **If you are submitting this request in conjunction with an IWA exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You must wait to receive ECFMG e-mail confirmation that the name has been changed in your ECFMG record before you may proceed with your application. You will be notified regarding the status of your request within approximately 10 business days of receipt of your completed Form 182 and documentation.
- If you are requesting a date of birth correction, you must:
  - 1) **Read** the ECFMG Policy on Date of Birth Correction on page 2 of this form,
  - 2) **Complete** Form 182 and sign it in the appropriate section,
  - 3) **Attach** a photocopy of one of the acceptable documents for date of birth correction (see policy on page 2),
  - 4) **Submit** Form 182 to ECFMG. ECFMG will notify you when your date of birth has been corrected in your ECFMG record. If your request cannot be processed because you did not submit acceptable documentation or it was otherwise incomplete, ECFMG will notify you.
    - **If you are submitting this request in conjunction with an IWA exam application, fax** your completed request and documentation to (215) 386-6327, Attn: IWA/Biographic Change. You do not need to wait for this change to be effective in order to complete your application.

\* **Important Note:** Changing your e-mail address using OASIS or Form 182 does **not** update your e-mail address in ECFMG's e-newsletter subscriber lists. If you change your e-mail address and are subscribed to one or more of ECFMG's e-mail newsletters, such as *The ECFMG® Reporter*, you must update your e-mail address for **each** e-newsletter. Visit the Publications page of the ECFMG website at [www.ecfm.org](http://www.ecfm.org), click on the newsletter(s) you receive, unsubscribe your old e-mail address, and subscribe your new e-mail address.

**ECFMG POLICY ON NAME CHANGES**

You must ensure that the name in your ECFMG record is your correct and current legal name. This name will appear on your Standard ECFMG Certificate once you have met all requirements for certification. You must use this name consistently in all communications you send to ECFMG, including exam applications and requests for other services. Failure to use the name in your ECFMG record consistently in all communications with ECFMG may delay exam registration. It may also prevent you from taking an exam for which you are registered and scheduled.

**If you have legally changed your name and want to request a change of name in your ECFMG record, your request must be accompanied by a copy of one of the unexpired, legal documents listed below:**

- Passport (including the page with your photograph),
- Birth certificate,
- Marriage certificate,
- Official court order,
- U.S. Resident Alien Card,
- U.S. Naturalization Certificate, or
- National Identity Card.

Attestations and affidavits are not acceptable as documentation to change your name.

Please do not submit an original document; a copy of the document is sufficient.

All documents submitted to change your name that are not in English must be accompanied by an official English translation. (See *English Translations* in the *ECFMG Information Booklet*.)

All documents submitted to change your name will become a part of your permanent ECFMG record.

For complete information, see *Name of Applicant* and *Changing or Verifying Your Name* in the *ECFMG Information Booklet*.

**ECFMG POLICY ON DATE OF BIRTH CORRECTION**

**If your date of birth is not correct in your ECFMG record, your request for correction must be accompanied by a copy of one of the following:**

- Passport (including the page with your photograph) or
- Birth certificate.

Attestations and affidavits are not acceptable as documentation to correct your date of birth.

Please do not submit an original document; a copy of the document is sufficient.

All documents submitted to correct your date of birth that are not in English must be accompanied by an official English translation. (See *English Translations* in the *ECFMG Information Booklet*.)

All documents submitted to correct your date of birth will become a part of your permanent ECFMG record.



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**INSTRUCTIONS:** Complete the applicable sections in ink, referring to the instructions that accompany this form. Sign where indicated, and return to ECFMG® by fax to: (215) 386-6327, Attn: IWA/Biographic Change, or by mail to: ECFMG, 3624 Market Street, Philadelphia, PA 19104-2685 USA.

<b>1</b> (Must be completed.)	USMLE® / ECFMG Identification Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
<b>2</b> (Must be completed.)	Enter your name as it <b>currently</b> appears in your ECFMG record in the spaces below.  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 50%;">First Name(s)</span> <span style="width: 50%;">Middle Name(s)</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span style="width: 80%;">Last Name(s) (Surname/Family Name)</span> <span style="width: 20%;">Generational Suffix (Jr, Sr, II, III, IV)</span> </div>
<b>3</b> <b>Name Change</b> (Check the box and complete this section ONLY if you are requesting a name change.)	<input type="checkbox"/> I have read the "ECFMG Policy On Name Changes" on page 2 of this form and wish to change the name in my ECFMG record to the name below. I have attached documentation, as described on page 2.  <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 50%;">First Name(s)</span> <span style="width: 50%;">Middle Name(s)</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span style="width: 80%;">Last Name(s) (Surname/Family Name)</span> <span style="width: 20%;">Generational Suffix (Jr, Sr, II, III, IV)</span> </div>
<b>4</b> <b>Change of Address, Phone, Fax, or E-mail Address</b> (Check the box and complete this section ONLY if you are requesting a change of address or other contact information.)	<input type="checkbox"/> I have changed my mailing address, telephone number, fax number, and/or e-mail address, as follows:  <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px; padding: 2px;">Street Address/Post Office Box</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px; padding: 2px;">Address Continued</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 65%;">City (Include Postal Code as required for non-U.S./non-Canadian address.)</span> <span style="width: 30%;">State/Province</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 25%;">ZIP/Postal Code</span> <span style="width: 70%;">Country</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin-bottom: 5px;"> <span style="width: 15%;">Country Code</span> <span style="width: 15%;">City/Area Code</span> <span style="width: 30%;">Telephone Number</span> <span style="width: 10%;">Country Code</span> <span style="width: 15%;">City/Area Code</span> <span style="width: 15%;">Fax Number</span> </div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px;">E-mail Address (If changing your e-mail address, see Important Note on page 1.)</div>
<b>5</b> (Must be completed.)	Enter your date of birth as it <b>currently</b> appears in your ECFMG record in the spaces below.  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Month/Day/Year)



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**6**  
**Correction of Date of Birth**  
(Check the box and complete this section ONLY if you are requesting a correction of your date of birth.)

I have read the "ECFMG Policy on Date of Birth Correction" on page 2 of this form and wish to change the date of birth in my ECFMG record to the date of birth below. I have attached documentation, as described on page 2.

□□ / □□ / □□□□

(Month/Day/Year)

**7**  
**Signature**  
(Must be completed.)

**I hereby authorize ECFMG to change the information in my applicant record as noted above.**  
(Note: The requested change(s) will not be made without your signature.)

[Signature box]

Signature (Using the Latin Alphabet)

□□ / □□ / □□□□

Date (Month/Day/Year)

This form is available on the ECFMG website at [www.ecfm.org](http://www.ecfm.org).